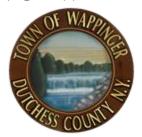
TOWN OF WAPPINGER



BUILDING DEPARTMENT

20 MIDDLEBUSH ROAD WAPPINGERS FALLS, NY 12590-0324 (845) 297-6256 FAX: (845) 297-0579

BUILDING PERMIT APPLICATION (DEMOLITION of STRUCTURE)

*** THE FOLLOWING MUST BE SUBMITTED AT TIME OF APPLICATION ***

O APPLIC FORM COMPLETED O INSURANCE SUBMITTED (WC&DB) O INSURANCE ON FILE O CONSENT IF APPLIC

Section 3303.1 Construction documents. Construction documents and a schedule for demolition must be submitted when required by the code enforcement official. Where such information is required, no work shall be done until such construction documents or schedule, or both, are approved.

Section 3303.2 Pedestrian protection. The work of demolishing any building shall not be commenced until pedestrian protection is in place as required by this chapter.

Section 3303.4 Vacant lot. Where a structure has been demolished or removed, the vacant lot shall be filled and maintained to the existing grade or in accordance with the ordinances of the jurisdiction having authority.

Section 3303.6 Utility connections. Service utility connections shall be discontinued and capped in accordance with the approved rules and the requirements of the authority having jurisdiction.

Certification letter from Central Hudson Gas & Electric that all utilities have been disconnected for compliance.

* All Applicants Please Note *

- 1- SCHEDULE PRE-SITE INSPECTION with this Office before work begins.
- 2- PROVIDE the Building Department with all RECEIPTS FOR REMOVAL from appropriate carter and/or transfer station for the proper disposal of all material.
- 3- SCHEDULE FINAL INSPECTION by Code Official for compliance of removal.

The Town of Wappinger requires proof of Workers' Compensation (C105 or 26.3) and Disability (DB120) insurance. The application for a Certificate of Attestation of Exemption, Form CE-200, from Workers' Compensation and/or Disability and Paid Family Leave Benefits coverage may only be completed by homeowners doing their own work, entities with no employees and/or out-of-state entities obtaining a contract or license in which all the work is being performed outside of New York State.

TOWN OF WAPPINGER BUILDING DEPARTMENT
20 Middlebush Road, Wappingers Falls, N.Y. 12590
telephone: 845-297-6256 fax: 845-297-0579

APPLICATION FOR BUILDING PERMIT

APPLICATION TYPE :		O Residential	ZONE:	DATE:
o	New Construction	O Commercial	APPL #:	PERMIT #
o	Renovation/Alteration	O Multiple Dwelling	GRID:	
ΛT	PDI ICANT NAME:			
				E-MAIL:
••		CEEE.		
N/	AME OWNER OF BUIL	DING/LAND:		
				E-MAIL:
	JILDER/CONTRACTO			
				E-MAIL:
	ESIGN PROFESSIONAL		1 ΑΛ π.	L-WAIL.
TE	EL #:	_ CELL:	FAX #:	E-MAIL:
SE	TBACKS: FRONT:		L-SIDEYARD:	R-SIDEYARD:
NT/		DI EEE. DAID ON	T. CHECK #	DECEMPT #
INC				RECEIPT #:
	BALAN	LE DUE:PAID OF	N: CHECK #	RECEIPT #:
Z(PPROVALS: ONING ADMINISTRAT Approved O Denied		FIRE INSPECTO O Approved O	OR: Denied Date:
Sig	gnature of Applicant		Signature of Buil	ding Inspector

TOWN OF WAPPINGER



BUILDING DEPARTMENT

20 MIDDLEBUSH ROAD WAPPINGERS FALLS, NY 12590-0324 (845) 297-6256 FAX: (845) 297-0579

OWNER CONSENT FORM

BUILDING PERMIT #	APPLICATION #	
SITE LOCATION:		
GRID: #		_
Name of APPLICANT/OWNER:		
(Person PHYS)	ICALLY coming in to apply, if other than the Owner)	
~	CERTIFICATION ~	
	o use or permit the use of any building or premises or part the rged, wholly or partly, in its use or structure until a Certification.	
Wappinger to approve or deny the attached understand that this permit will not be close building inspector having access to the inte will remain as a violation on my property u	, owner of the land/site/building hereby give my permit application in accordance with local and state codes and led out unless all proper inspections are completed which carior of my residence. If this permit is not closed before the intil it is closed out. After the expiration date the permit feat the permit. I understand that I am ultimately responsible TIN COURT PROCEEDINGS.	ordinances. I an include the e expiration date it e and application will
Date	Owner's Signature	
Owner's Telephone Number	Print Name	
	Print Owner's Address	
Code Enforcement Official:	FOR OFFICE USE ONLY	